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ABSTRACT

This study compared the job satisfaction, professional commitment, and perceived level of support from peers of family day care providers who were in networking groups or who worked in isolation. Subjects were providers in suburban Chicago, 30 of whom were associated with a network and 30 of whom were independent providers. Subjects were surveyed by telephone. Results did not support the hypothesis that providers who worked in networks would exhibit higher job satisfaction than those who did not. The data did support the hypothesis that providers who worked in networks would have more training and higher commitment to professionalism than those who did not. Support for this hypothesis was shown by the professional and businesslike attitude exhibited by the providers working in networks, which was in contrast to the family-oriented attitude of the independent providers, and by the low number of independent providers who reported having more than one year of experience. A copy of the survey, tables of data, and a list of 41 references are provided. (HTH)

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JOB SATISFACTION, COMMITMENT TO PROFESSIONALISM, AND PERCEIVED SUPPORT SYSTEMS IN FAMILY DAY CARE PROVIDERS

By

Kathleen F. Jones

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CHAPTER I

INTRODUCTION

Statement of the Problem

The need for all-day and part-day care for young children is increasing faster than the availability of such care. With 80% of mothers with children under the age of one year in the work force, child care has become one of the country's greatest current social needs. The day care options available to parents include in-home care, day-care centers, and family day care. Family day care is currently in high demand as the preferred choice in child care for infants (Squibb, 1986).

Divine-Hawkins (1981) examined the turnover rate in family day care and found that providers associated with a support group or professional networks exhibited approximately 30% attrition, lower than the 40-60% attrition rates reported by the National Association for the Education of Young Children in 1985 for other day care providers. The high rate of turnover and change in day care arrangements may be harmful for young children who require stability in their caregivers in order to form attachments and trust, and may be a stress factor for their parents (Ainsworth, 1962). It is important, therefore, to understand and address the factors behind these high turnover rates.

The relationship, if any, between the reasons given by family day care providers for leaving family day care and

the level of satisfaction they have received from their profession, has not been addressed directly in the recent literature. Despite this lack of objective data, some authors have based their findings on the assumptions that isolation, low status, poor pay, and high physical demands are responsible for the high burnout rate (Atkinson, 1988; Bollin, 1989).

In recent years, some family day care providers have formed, intentionally or not, support groups or networks to provide a means for them to professionalize themselves through continued education in child care related areas. These networks represent efforts to establish contact with others involved in the same endeavors in order to remain abreast of developments and opportunities in the field of child care and improve the provider's knowledge level.

The purpose of this study was to compare job satisfaction, commitment to professionalism, and the perceived level of support from peers, between providers with networking groups and those who work in isolation. Two hypotheses were tested in this study. First, family day care providers who belong to a network would exhibit higher job satisfaction than those who do not belong to a network. And, second, family day care providers who network would have more training and higher commitment to professionalism than those who do not network.

Rationale

Historically, child care, or care for children by other than their biological parents, has been linked to the need for women to be in the work force. This need has resulted from various war efforts, the industrialization of cities, and the great influx of immigrants (Auerbach, 1981; Fallows, 1985; McCrorey, 1988; Steinfels, 1973).

The quality of the care provided has also become an increasingly important issue in recent years. Several factors have been shown to have a bearing on the quality of child care. These include the care environment, the continuity of providers, and the levels of training and job satisfaction of providers (Jorde-Bloom, 1989).

Recent research has indicated several factors that may be related to job satisfaction and burnout. In a study of family day care providers, Kontos (1988) found that those providers who felt they were in a worthwhile profession were more committed to family day care. Pence & Goelman (1987) related various personal characteristics, such as educational attainment and socioeconomic background, to family day care provider job satisfaction. Benson (1985) studied the relationships between wages, training, and working conditions of family day care providers, and government regulations and licensing. She concluded that improved provider status and higher pay were intrinsic to

solving the growing attrition problem. In 1985, Berk showed that economic benefits and greater job satisfaction result from education and training. This was one of the first studies to relate education to on-the-job satisfaction. Alexander (1987) speculated that support groups help family day care providers handle stress and burnout and alleviate isolation, thus improving the quality of the care provided.

Despite results indicating that training is important in family day care, most providers have no formal training beyond the high school level (Benson, 1985). Nevertheless, family day care providers are under increasing pressure to provide an educational experience in addition to their traditional supervisory role. Even though the largest percentage of children in care are in family day care homes, Wandersman (1981) found that little was known about provider demographics and functional practices. Although most states require some standards, it has been estimated that less than 10% of family day care homes are licensed or registered (Wandersman, 1981). Research on family day care during the past few years has been limited to quantitative observational studies on the amount of time spent on various activities (Eheart & Leavitt, 1989) and comparisons of family day care with center care (Atkinson, 1988). Wandersman (1981) found family day care providers with an

educational background organized their homes and programs more like centers.

Family day care providers are caring for an increasing number of children each year. Consequently, there is a need to know who these providers are, and what their training levels are. There is also a need for them to be able to professionalize themselves through networking and continued education in child care related areas.

While many studies have addressed various aspects of job satisfaction, support groups, professionalism, and family day care provider demographics, there has been no investigation of the relationships that may exist among these variables.

Overview of the Study

This was a descriptive study of family day care providers. The purpose of the study was to compare background demographics (i.e., education and training level), attitudes towards professionalism, and job satisfaction of providers who had support networks to those of providers who lacked support networks.

Definition of Terms

Commitment to Professionalism

Commitment to professionalism refers to the level of characteristics and activities ascribed to a profession that is demonstrated by a provider. Examples include:

specialized educational preparation, continuing education activity, business practices utilized, and involvement in organizations related to the profession.

Networking

Networking refers to the provider's efforts to establish communication with others involved in the same endeavor in order to remain abreast of developments and opportunities in the field of child care, and to improve oneself.

Support System

Support system refers to organizations or groups of individuals developed by a provider to gain access to information, counsel, and encouragement in the pursuit of a goal or career.

Limitations

The primary limitation of the study was the size of the sample and the inability to verify the validity of the responses of the subjects. Many of subjects in the Independent Group were not licensed, and they may have been, out of fear of discovery, less forthright in their responses. Another concern was the length of the instrument and its effect on the level of response. A secondary limitation was the bias that may have been introduced into the data by the way in which the samples were selected. The use of classified advertisements and

established organizations in the same geographic area may have led to samples that were excessively homogenous.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

Child care is an old idea whose time of importance has come again, and, as a result, there is a need to redefine many of the associated terms and concepts. Historically, child care, or care for children by other than their biological parents, has been linked to the need for women to be in the work force; as the result of a war effort, the industrialization of cities, or a great influx of immigrants (Auerbach, 1981; Fallows, 1985; McCrorey, 1988; Steinfels, 1973).

With more and more mothers joining the work force, and requiring child care services, the definition and role of child care has changed, along with the image of the child care provider. As child care has evolved, particularly in the United States, it has become associated with social welfare programs. This connection has been strengthened most notably in the last 30 years as the government has become more involved in these programs, and as the need for "welfare mothers" to work has become more acute. More recently, mothers have entered the work place from middle and upper socio-economic strata. Hence, there is a need to disconnect child care from the stigma of "welfare" that has come to plague it in the U.S. since its origins in the early 20th century (Steinfels,1973).

The quality of the care provided has also become an increasingly important issue in recent years. Several factors have been shown to have a bearing on the quality of child care. These include the care environment, the continuity of providers, and the levels of training and job satisfaction of providers (Jorde-Bloom, 1989).

The purpose of this review is to elucidate the relationships between each of these factors, and quality of care, and the question of job satisfaction among providers in the largest segment of care, family home care. To this end, I will review the history and evolution of child care in the United States, the nature of child care today, and previous studies of job satisfaction in the child care area.

History of Day Care

In 1985, Fallows stated that throughout history, the role women play in society has been relatively rigidly defined and fairly uncontroversial, because society has dictated that a woman's place was at home. Steinfels (1973) believed that before World War II, immigrant women were the predominant female presence in factories and domestic positions, while their own families were cared for by other family members. During the early 1900s, day nurseries evolved as a training place to improve the

impoverished conditions of immigrants, and to generally raise the quality of life for their children.

According to Benson (1985), the work force, out of necessity, began to change during World War II, and women no longer were represented only by spinsters, immigrants, and minorities. As men left the work force to join the armed services, nearly 20 million women from all levels of society rushed to fill the voids in factories, offices, and other job areas. In order to keep the country running smoothly, the federal government, under the Lanham Act, provided funds to child care centers and nurseries across the country. This was the first significant use of government funds for child care purposes.

Steinfels (1973), Dally (1982), and McCrorey (1988), report that at the end of World War II, with 1.5 million children in child care, the government stopped all funding, expecting women would return to the home. Fallows (1985) notes that after having been gainfully employed, however, a large segment of the female population was no longer content to remain at home and did not believe their place was solely in the home. The few child care centers that thrived from after the war through the 60s were targeted for lower income families. This situation left a shortage of child care for the middle class family. In the early 60s, research conducted by John Bowlby (cited in Ainsworth,

1962) focused on young children and maternal deprivation. This work concluded that women belonged in the home and was used to place women back there! Another study by Bowlby published in Child Welfare in 1965 (cited in Galinsky, 1985) was equally critical of women working. The Women's Liberation Movement challenged this thinking. In 1967, a study of children in settings other than "day care" was reported by the Children's Bureau. Entitled "A Consultation on Working Women and Day Care Needs," this study stated conclusions contrary to previously held notions concerning the welfare of children in day care and opened the doors to the pursuit of professional careers by women in the seventies (cited in Miller, 1986).

Steinfels (1973), and later McCrorey (1988), held that women needed quality child care in order to be on an equal footing with men as they began training for these careers. During this period the proportion of women in the work force more than doubled from 17% to 40%. Women's aspirations were changing from working out of economic necessity to working for self fulfillment and economic betterment. At the same time, the extended family members, such as grandparents, sisters, and aunts, who had fulfilled a child care role in earlier times, were also entering the work force, and were unavailable to working parents (Dally, 1982; Divine-Hawkins, 1981; Sharp, 1988; Steinfels).

Benson (1985) and Dally (1982) propose that the future of child care and motherhood is now being played out in the government arena. Child care providers are under increasing pressure to provide an educational experience in addition to their traditional supervisory role. In order to keep good child care providers in their jobs, increase the availability of care, and encourage economic and social growth, the system requires funding. The concept that whatever is done now for mothers and children will have a positive effect on society in twenty to thirty years, has not met with much enthusiasm in the government or with the taxpayers during the Reagan administration.

Under the present administration, there have been proposals in Congress that include measures specifically aimed at child care services, providing grants to states and the private sector to expand and improve these services. A recent survey, conducted by Louis Harris (1989) for Phillip Morris Companies, Inc., concerning the proposed Federal Child Care Legislation currently before Congress, highlighted differences between the program proposed by President Bush and the program proposed by the Democrats. According to McCrorey (1988), the program proposed by the administration was a tax credit program while the Democrat's program focused on funding training for child care workers, loans to expand facilities, and

supplemental payments to low income families. Some of the unsuccessful proposals designed to address the current child care problem were Title XX, the Social Security Block Grant and H.R. 2867. Recently, however, funds have been allocated and the Federal Government has again become the largest direct supporter of child care in the country.

These funds are being distributed to various state agencies. In Illinois, state officials have announced the organization of a resources and referral agency to utilize the grant, of over $4 million a year, for advising and recruiting. This is just the beginning, and only a "drop in the bucket" compared to the amount that must eventually be committed to this effort (Reardon, 1990).

Fallows (1985) estimated that there are over 10 million children under the age of 6 who are receiving care. If these children are to benefit, three issues must be systematically addressed. Research into all aspects of the child care issue must be pursued. The public must be motivated to become involved in an effort to influence their national representatives. Advocacy for excellence in child care must be fostered. The fact that child care has come full circle and is once again an issue of national importance (Steinfels, 1973), must finally be accepted and dealt with in a reasoned, informed manner.

The Care Environment

In 1981, Auerbach determined that child care arrangements usually fall into one of three categories based upon the environment in which the care is provided: in-home baby caretakers, group centers, and family care homes.

In-Home Caregivers

Privately hired sitters are helpers that come into the child's home to provide care both in the presence and absence of the parents. These caretakers may live in the home or come into the home on a daily basis. They may be housekeepers, au pairs, mothers helpers, or nannies. Approximately 6% of the children in care are cared for in this manner (Binswanger & Ryan, 1986; Fallows, 1985; Harris, 1989; Nyborg-Anderson & O'Brien, 1989).

Group Centers

Day Care centers are any businesses or organizations, large or small, which educate and/or care for children, either all day or part of the day. This category may be subdivided into "For Profit" and "Not For Profit" groups. The caregivers are usually paid a fixed hourly wage by the organization, although cooperative arrangements can be found. Approximately 22%, or 2.1 million children, are cared for in centers today (Harris, 1989; Nyborg-Anderson & O'Brien, 1989).

Family Care

Family day care is a private arrangement between the parent and a care giver where children are cared for in the care giver's home. The number of children in such a home environment may range from a single child to over 12, and the number of care givers, while usually only one, may vary. It is estimated that over 60 % of the preschool children in day care are in family care (Dally, 1982; Harris, 1989; Nyborg-Anderson & O'Brien, 1989).

When considering the different categories of care delivery, the benefits of each must be weighed against the drawbacks. The fulfillment of common desirable attributes must be compared. Auerbach (1981) stated that these attributes of quality care are affordability, consistency, availability, and reliability.

"Housekeeper,""Live-in,""Sitter," or "Daily" are terms used to describe the domestic hired to care for children in their own homes. Demographic research has characterized the individuals as young, uneducated females, usually from a minority ethnic background, who speak limited English. The primary benefits derived from this category is that the child need not be removed from the security of its own home environment, and one or both parents may be present during parts of the day. The principle drawbacks include cost, the quality of care givers available, and the fact that, in

many cases, the care giver has other domestic duties that may detract from the attention that can be paid to the child or children (Auerbach, 1981; Fallows, 1985; Siegel-Gorelick, 1983).

Sitters or live-ins can be expensive, but very convenient and reliable, particularly if they live in the home. Auerbach (1981) and Nyborg-Andersen and O'Brien (1989) agree that daily sitters are often undependable. Since most of these care givers have no formal training, it is difficult to find a person who is kindly, nurturing, and willing to follow the parents' philosophy without supervision. In addition, they may offer no more benefit to the child than the supervision provided by the mother herself.

As a marketing tool, group child care centers emphasize the educational component that may be totally lacking in the in-home environment (Nyborg-Andersen & O'Brien, 1989). Miller (1986) states that most of these centers should be assessed as a unit of staff members because the children are cared for, and taught, by many adults rather than by a single person. Stimulation and affordability are the main benefits of the center environment. As for drawbacks, there are over 60,000 group centers in the United States, few of which offer care for infants, due to the high costs in space, equipment, and

staff. This is in contrast to a 45% increase in the number of working mothers with infants since 1982 (Nyborg-Andersen & O'Brien, 1989).

Half of these group centers are operating for profit. Instead of meeting the needs of working mothers, the driving motivation in their management is keeping costs down so that fees are affordable. Instead of meeting the needs of working mothers, some centers keep costs down primarily by hiring low-cost staff and often only offer custodial care (Miller, 1986). These centers are usually more available, lower in cost, but understaffed with untrained personnel (Auerbach, 1981; Miller).

Nonprofit centers are run by churches, organization, parent groups, and the federal government, among others. The staff is usually of higher quality as a result of the ability of nonprofit centers to offer higher pay. This also leads to a lower staff-to-child ratio and better educational programs. Many of the nonprofit centers are more expensive than their for-profit competitors, however (Siegel-Gorelick, 1983).

The largest drawback to center care of both types is staff turnover, or lack of consistency. According to a study conducted by the Child Care Employee Project in 1989, the annual rate of child care center staff change has tripled since 1979 to over 41% (Nyborg-Andersen & O'Brien,

1989; Whitebook, 1988).

Miller (1986) finds that the most common form of child care is family day care. Advantages include affordability, convenience, consistency, and reliability. In family day care, one provider usually accommodates children of mixed ages, siblings, and infants. It can be the best environment for infants and toddlers, providing the care giver has values and a "style" similar to those of the parents. Due to a lack of overhead expenses and lower profit expectations, family day care is usually affordable. It can be very convenient if the care giver lives in the same neighborhood. Single care givers tend to be stable members of their community (Emlen, Donoghue & LaForge, 1971) and establish long term relationships with the parents they work for, yielding high potential for consistency. Most family care providers are more educated than in-home care givers, and have children of their own in the home, generally contributing to greater maturity and reliability (Siegel-Gorelick, 1983). In 1981, Wandersman stated that the advantages family care are (a) the care provided is generally responsible, warm, and child-focused; (b) there is stability and continuity; (c) hours are flexible; and (d) there is potential for the care to be based on lifestyles and values similar to the parents. These advantages all have been shown to contribute to the

popularity of family care. Though family day care is a business arrangement, it can work like an extended family, and benefit both the needs of the mother and the needs of the child (Emlen et al., 1971).

The disadvantages of family care, cited by Auerbach in 1981, include limitations on the variety of activities and equipment available, a lack of contact with different adults, a lack of close supervision of the caregiver. Many of these concerns, however, are equivalent to those faced by children left in their own home with mother or other relatives.

The Choice

The consensus of researchers investigating infant development is that children should be raised by one main person, i.e. a mother or mother substitute. Ainsworth, Yarrow, and Pederson (cited in Galinsky, 1985) demonstrated that the formation of a stable relationship between the mother/mother substitute and child, is the critically important foundation for all of a child's interpersonal relationships throughout life. This stable relationship also opens the child's mind to trust in learning. While group centers may stress the "educational" aspect of quality child care, family care can allow children exposed to a variety of activities to develop naturally at their own pace (Sharp, 1988). Consequently, Auerbach (1981) and

Squibb (1986) feel that the concept that family care is the best option for infants because it provides security and stability with a single caregiver can be well supported.

Most family care homes provide care for small numbers of children. Nationally, the average number is 3.8 per home (Divine-Hawkins, 1981; Emlen, et al., 1971; Squibb, 1986). Prescott (1988) feels that the care provided in family care can be more flexible, permitting higher levels of adult responsiveness, more stimulation for the child, and more problem solving and choice making experiences. This makes family care a "quality choice." Furthermore, the group in family care will often include children of different ages, much like a true family, enabling learning about others at different developmental stages (Holt & Karas, 1986; Squibb,1986).

While parents must make tremendous efforts to evaluate the types of care available and to assess the quality of each setting, family care homes offer an excellent opportunity. Parents and providers can develop as joint care givers in a simulated extended family (Emlen, et al., 1971; Squibb, 1986), and work together to provide individualized care.

Quality and Stress

Quality in child care is primarily dependent upon the providers, and this is no less true of family care

providers than of the others (Atkinson, 1988; Fuqua & Zeece, 1988). Family care providers should be afforded the same respect given to group care professionals, and assisted in efforts to find and develop support groups and obtain training (Kontos, 1988; Weinstein, 1984). More importantly, if economic benefits and job satisfaction, resulting from professional level preparation, are related to increased care giver commitment, the quality of care should benefit from training at this level (Berk, 1981).

There is, however, a major problem confronting day care. Burnout, resulting from long hours, low wages, and little respect, is leading to excessive turnover. Alexander (1987) has stated that society regards child care as a necessary evil, and, as a result, providers tend to have low self-esteem. As long as the general public does not understand the skills and training that qualified child care professionals bring to their work, and accepts that anyone can care for children, as found to be the case by Modigliani (1988) and Sharp (1988), caregivers will neither receive the respect they deserve, nor be regarded as the professionals they are.

As noted earlier, the problems facing day care, in general, are also true of family care, in particular. Family care providers are playing an increasing role in child care, yet there is very little data concerning

day-to-day caregiving, professional development, and job satisfaction for these workers. Most of the research in this area has investigated the amount of time spent in various activities and the value of being licensed (Clarke-Stewart, 1984; Divine-Hawkins, 1981).

Providers studied in the National Day Care Home Study (NDCHS) by Divine-Hawkins (1981) report three principle reasons for providing family care: love of children, income, and the desire to work at home in order to be with their own family. Satisfaction in the family care environment may be short lived, however, due to the very nature of the job. Isolation, stress, and role balancing are persistent problems. It has been shown that stress occurs when someone is subjected to pressure, strain, or confusion. Stress levels for providers become high when dealing with children and parents in isolation each day. The ultimate result of this stress is burnout (Alexander, 1987; Kontos, 1988).

According to Bernard (1981), the job a person does is linked with identity, worth, and self-esteem. Maslach and Jackson (1981) have shown that a person's perception of their occupational worth is in direct proportion to their negative or positive self image. Kontos (1988) has demonstrated that workers with a low self image are most likely to suffer stress and occupational burnout.

Burnout is a situation in which an active provider loses interest in work and feels a desire to quit. This burnout is related to turnover and poor job performance (Fuqua & Zeece, 1988; McCrorey, 1988). Kontos (1988) feels these findings concerning the results of burnout are important because of the impact that turnover and poor job performance have on depriving children of enthusiastic and continuous care that is so critical for the development of healthy children.

Since the majority of children are in family care, burnout is at least as big a problem in family day care as it is in center based care. Continuity of care is a critical concern for these children, since when a family care provider burns out, the children must make a usually traumatic adjustment to an entirely new care environment, as well as new peer group, which can have subsequently detrimental effects on the young child's development (Nelson, 1990).

Alexander (1987) states that there is a large body of research on burnout in group centers, particularly as it relates to the intense stress that has been found typical of caring for children. This same stress can be found in the family care environment, in addition to the stress created by the isolation from peers. The family provider is alone in caring for a demanding group of small children,

and, without support, becomes a victim of low self image. Edelwich (1980) feels that most of the research on stress and burnout supports the need for a social support system to give day care providers an outlet for the ventilation of frustrations. Such a network can also help family care providers avoid viewing themselves as alone or isolated.

Job Satisfaction

An important component of burnout is job satisfaction. Jorde-Bloom (1988) found that the education level of child care workers was positively correlated with their level of commitment, and commitment was related to overall job satisfaction. She also found that another element of job satisfaction is the interaction with others, perceived as a positive source of satisfaction by 39% of the respondents in a recent survey. Alexander (1987) pointed out that working conditions, hours, the physical environment, and pay have not been found to be directly related to the level of satisfaction felt by family care providers, since the factors can all be controlled, to a certain extent, by the provider.

Training to raise the educational level of providers and to improve professional skills also helps to improve the day care provider's feelings of status and self concept from that of just "babysitter" to professional. Training can also help the provider justify an increase in fees

(U.S. Department of Health, Education, and Welfare [HEW], 1973). Collins and Watson (1976) subsequently proposed that a further benefit of training is the system of networking that develops and helps keep the provider from feeling isolated as a child care professional. As Bollin found in 1989, organized support group inservice training strategies can help to keep providers committed, as demonstrated by the fact that sponsored or networked providers have the lowest turnover rate when compared to non-networked family providers. It is clear that training and support groups are two factors required to raise the level of job satisfaction in day care.

There have been no studies that have specifically addressed the relationship between job satisfaction and support groups in family day care. Kontos and Stremmel (1988) state, however, that indirect evidence and common sense suggest that a person who is happy, fulfilled, and valued will provide an environment of quality as opposed to an atmosphere of stress, isolation, and burnout. The recent report of the NDCHS states that training of providers does make a difference in the kinds of experiences and quality of programs provided in family care. The data from a Canadian study (Victoria Day Care Research Project, by Pence and Goelman, 1987), supports the premise that support and training may lead to feelings of

professionalism and increase job satisfaction and subsequent stability and commitment to care giving. In another recent study of job satisfaction, Kontos (1988) found that the higher the level of satisfaction was, the lower the stress levels were in committed providers. As Bollin summarized in 1989, these studies suggest that job satisfaction, social support, and professional attitude may be closely linked to provider stability.

Conclusion

Since the 1970s, women have reentered the work force, making day care, once again, a pressing issue. The demand for quality care is expected to increase over the next few decades. To meet this demand, in-home care, group care, and family care will need to grow. Family care, preferred by most working parents, provides a stable, warm, and stimulating environment which fulfills parent needs of accessibility, consistency, affordability, and convenience.

Providers who have worked hard to overcome the image of "babysitter" and have become professional caregivers and small business owners, are now able to advocate for increased public awareness. The enhanced professional image brought about by education has given respectability to the family day care profession. In addition, the attention given to family care has lead to the

identification of issues relating to stress and job satisfaction that may affect the quality of care.

The establishment of networking systems can play an important role in promoting quality care by offering training, providing technical assistance, and serving as a source of professional support. If advances are to continue, it is now time to examine support networks in more depth by comparing the relationship between the levels of job satisfaction of supported caregivers and unsupported caregivers.

CHAPTER III

THE STUDY

Introduction

The need for all-day and part-day care for young children is increasing faster than the availability of such care. Providers associated with a support group or professional networks exhibit approximately 30% attrition, lower than the 40-60% attrition rates reported for other day care providers. The relationship, if any, between the reasons given by family day care providers for leaving family day care and the level of satisfaction they have received from their profession, has not been addressed directly in the recent literature. The purpose of this study was to compare job satisfaction, commitment to professionalism, and the perceived level of support from peers, between providers with networking groups and those who work in isolation.

Two hypotheses were tested in this study. First, family day care providers who belong to a network will exhibit higher job satisfaction than those who do not belong to a network. And, second, family day care providers who network will have more training and higher commitment to professionalism than those who do not network.

Methodology

Sample

Sixty family day care providers in the North Shore of suburban Chicago participated in this study. Group 1 was composed of 30 family day care providers associated with either the Great Lakes Child Care Center at Great Lakes Naval Training Center, or the North Shore Family Day Care Organization in the northern suburbs of Chicago. This group represented providers with support networks. The first thirty providers who answered the phone were asked to participate in the study. Group 2 consisted of 30 family day care providers identified through advertisements placed by the provider in the weekly Pioneer Press publications circulated in the same north suburban Chicago area. This group represented providers with little, or no support from a network, either formal or informal. The telephone numbers were transcribed from the newspaper in the order they were printed. Again, the first 30 providers who answered the phone were asked to participate in the study. All calls were placed between 12:00 noon and 3:00 p.m. on weekdays, when providers would be most likely to have their children taking naps and be available for the interview. Interestingly, no one in either group refused to participate. No second attempts were made for calls not answered or answered by a machine or service.

Instrumentation

Data were collected using a survey adapted from Bollin (1989). The survey addressed support systems, job satisfaction, attitudes, and demographic data, including training level and needs (see Appendix A for survey form).

The section on Support Systems assessed the subject's awareness of the support systems. The first question required a Yes or No response on the existence of a support group for the subject. The second question asked subjects to identify sources of support by a Yes or No response to each item on a list of six possible sources.

The Job Satisfaction section consisted of two parts designed to assess subjects level of satisfaction with their day care job. The first part included 15 items relating to extrinsic and intrinsic factors that affect job satisfaction. Subjects were required to rate each item on a scale of 1 to 4 in terms of satisfaction they associated with that factor (1 = Very Dissatisfied, 4 = Very Satisfied). The second part included two broad questions designed to assess the overall level of satisfaction of the respondent. This section had a reported reliability of .83 (Cronbach's alpha) in a study with 392 subjects (Bollin, 1989). In this study, however, the number of questions was reduced, resulting in an overall reliability of .68 (Cronbach's alpha).

The Attitudes Survey was used to assess the subjects' attitudes towards professionalism and their environment. It consisted of 22 questions requiring an Agree or Disagree response. A .60 Kuder-Richardson reliability for the Professionalization subscale has been reported for this survey (Bollin, 1989). This section was also modified in length by reducing the number of questions.

A brief section was included to provide information concerning demographics and prior training in order to assess whether any of these factors may be related to professional commitment.

Data Collection Procedures

Data collection occurred during September and October 1990. The method used was a telephone survey conducted by the author (see Appendix A), in which subjects willing to cooperate were read the survey, and their responses recorded. A telephone survey was selected to maximize the response rate and to enhance the subject's perception of anonymity. The survey took an average of 5 to 7 minutes to complete. Though the survey was short, all subjects felt a need to elaborate on their answers. Some interviews, particularly with independent providers, lasted up to one hour due to the provider's expressed need to interact with another adult.

Data Analysis

The demographic and quantitative data collected in the survey were tabulated for Groups 1 and 2 (see Appendix B). The two groups were compared using analysis of variance (ANOVA), t-test, and chi square statistical procedures to determine if there were any areas of significant difference between the groups. In addition to tables, some data are presented in a graphic format.

Findings and Interpretations

Demographics

Every effort was made to ensure that the groups surveyed were selected without bias. Analysis of the demographic characteristics of the groups revealed that, with one exception, the two groups demonstrated significant differences in those areas where differences were expected, and demonstrated no differences in those areas where no difference was expected. Significant differences were found in professional group membership and sharing of information. No difference was found in years of experience and age. The exception to the predictable pattern was a significant difference in the number of children in care. This would suggest that the groups were similar in independent factors such as mean age and mean years of experience, but different in those characteristics that were dependent upon their networking status.

While statistical analysis of mean values can reveal statistically significant differences between the samples studied, and inferences may then be made concerning the populations, an analysis of the distribution of the responses in a sample can also provide revealing information.

Sources of Support

The two groups showed significant differences in five of the eight areas of support.

Table 1

Chi-Square and Significance for Sources of Social Support

Number	Variable	Chi-Square	P
2.c.	Organized support groups	32.59	< .000
2.d.	Licensing authorities	4.01	< .05
2.e.	Other providers	4.57	< .05
46.	Professional organizations	52.33	< .000
47.	Shared information	14.14	< .000
2.a.	Relatives and family	.14	NS
2.b.	Friends	.00	NS
2.f.	Parents of the children	.33	NS

As shown in Table 1, there were three items concerning sources of support where there was no statistical difference between the groups. For all three items, the majority of the group responded positively. While both groups responded positively to support from support groups and sharing information, there were statistically significant differences in the level of agreement on these items with Group 1 perceiving more support on both items. Group 2 perceived little support from sources other than those with which they came into contact every day.

All of the networked group felt they were supported by professional organizations, while only the licensed independent provider shared this opinion. The sharing of information was a second universal source of support for Group 1, while Group 2 was divided. Eight respondents (61.5%) of the 13 in the independent group who felt they did not receive support through sharing information had one year or less time on the job. There were five independent respondents (16.7%) who felt that support groups were potential sources of support, while two networked respondents (6.7%) did not see support groups in that way.

While neither group perceived licensing authorities as supportive, all of the networked group were licensed and in regular contact with the licensing authority. Only one of the independent group respondents was licensed.

Job Satisfaction

While the general level of satisfaction expressed by each group in the study was positive and there was no significant difference between Group 1 and Group 2 in overall perceptions of job satisfaction, there were significant differences in satisfaction levels for 4 of the 17 factors examined.

Table 2

Means, Standard Deviations, T Value, and Significance for Factors with Significant Differences Between Groups in the Job Satisfaction Section

Number	Variable	Mean*	S.D.	t	P
7.	Training opportunity				
	Group 1	2.97	.72		
	Group 2	2.33	.88	3.05	.003
13.	Encouragement from spouse				
	Group 1	3.72	.46		
	Group 2	3.28	.84	2.35	.022
14.	Meet other providers				
	Group 1	3.27	.69		
	Group 2	2.03	.62	7.30	.000
10.	Children's behavior				
	Group 1	3.13	.57		
	Group 2	3.50	.57	-2.45	.016

* Based on a range of responses from 1 = "Very Dissatisfied" to 4 = "Very Satisfied"

These factors were Opportunities for Training, Opportunities to Meet Other Providers, Encouragement from Spouse, and Behavior of the Children in Care. As shown in Table 2, Group 1 expressed significantly greater satisfaction levels with the first three factors (Items 7, 13, and 14), while the independent group expressed a greater satisfaction level for the fourth factor (Item 10).

Assuming that a score of 2.5 represents the midpoint on the satisfaction scale (1 to 4) for the items addressing Opportunities for Training and To Meet Other Providers, Group 1 expressed greater satisfaction (mean > 2.5) while Group 2 expressed dissatisfaction (mean < 2.5). This greater satisfaction for networked providers could be considered a logical extension of their affiliations with support groups and strengthens the validity of the instrument.

Both groups expressed satisfaction for the item involving Encouragement from Spouse. Networked providers exhibited a level significantly higher than independent providers ($t = 2.35$; $p < .05$). This result could be explained by the fact that the networked group may have expectations of more encouragement from their spouse as a result of their professional attitudes.

Conversely, while both groups reported satisfaction associated with the item on the Behavior of Children in

care, independent providers had a significantly higher level of satisfaction ($t = 2.45$; $p < .05$). This result may be related to an Adult/Child ratio which was lower for the independent group than the networked group (1/4.7 vs. 1/7.1, respectively).

Also worthy of note is that both groups expressed low satisfaction (mean < 2.5, the midpoint score on a scale of 1 to 4) with items addressing support received from the parents of the children (Item 11), respect received from the community (Item 16), and the community services available (Item 9), all external sources of support. At the same time, the only strong levels of satisfaction (mean > 3.5) were associated with items concerning internal sources: Working in Own Home (Item 4) and Working with Own Children (Item 12).

While the data were ambivalent on the differences between the two groups concerning their sense of satisfaction, they supported the findings of Bollin (1989), Kontos (1988), Nelson (1990) and others regarding external factors. In particular, factors beyond the control of the family care provider were more likely to contribute to dissatisfaction, while internal factors such as working at home with their own children, and support from their spouse and networks were perceived as creating feelings of satisfaction.

Before examining the results of the items addressing the attitudes of the providers, one aspect of the demographic data identified in the study was that (47%) of the independent providers were in their first year on the job, while only 20% of the networked providers had that little experience. This experience level of the respondents, detailed in Figure 1, may have biased the data on attitudes and overall job satisfaction to some extent, since these respondents may not have had sufficient time to experience isolation and burnout.

Figure 1

Experience level of respondents

reported as years on the job

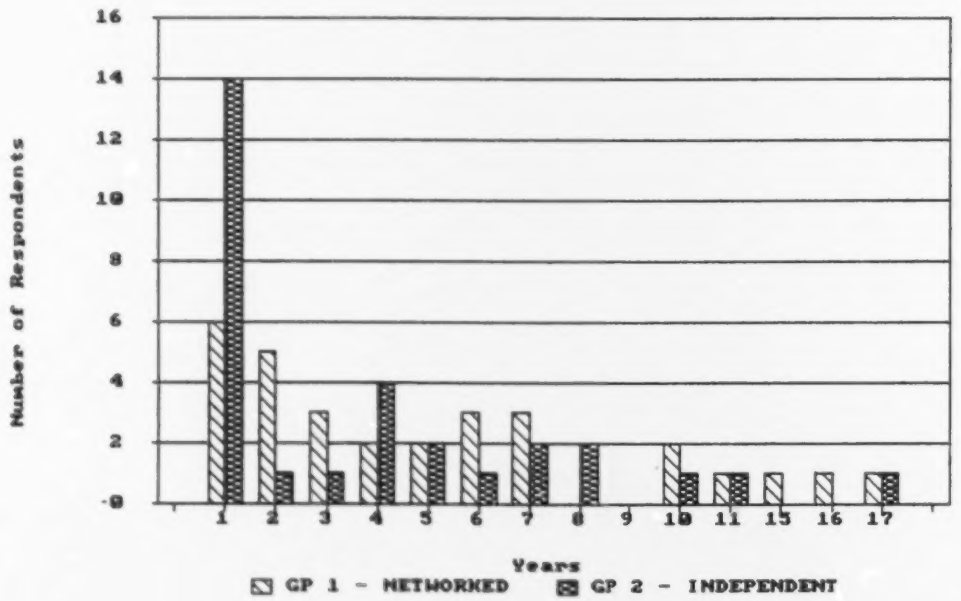

Figure 1 demonstrates the distribution of years of experience reported by the subjects of the study. Note that the networked group showed a steady decline in years on the job, as years of experience increased: from a high of 20% of the respondents (6) with one year of experience to 0% at 8 years followed by a steady level of 3 to 7% above 8 years. The independent group had almost 50% (14) respondents in the first year. This high level was followed by a precipitous drop to the same constant level of 3 to 7% until 0 at 9 years of experience. A tail, similar to that for the networked group, then extended out to 17 years. This quick drop in years on the job for the independent group could reflect a lack of commitment that is discussed in the Attitudes Towards Professionalism section.

Attitudes

Out of 15 items (Items 20, 22, 26, 27, 28, 29, 30, 31, 32, 34, 35, 36, 37, 38, and 40) related to the provider's Commitment to Professionalism, there were 7 (Items 22, 30, 31, 34, 35, 37, and 38) in which the networked group had statistically more positive responses. These items are shown in Table 3.

Table 3

Chi-Square, and Significance for Factors with Significant Differences Between Groups in the Attitudes Towards Professionalism Section

Number	Variable	Chi-Square	P
22.	Treat parents as customers	4.39	< .05
30.	Take advantage of tax breaks	5.25	< .05
31.	Use home as a care facility	5.88	< .05
34.	Mind caring on weekends	4.32	< .05
35.	Separate toys	10.09	< .001
37.	List with referral service	8.07	< .01
38.	Written contracts	8.10	< .01

For the items concerning taxes, home use, and weekends, just more than half of the independent group agreed that they practiced the behavior in question: an indication of a somewhat professional attitude. For the networked group, however, agreement levels exceeded 85% for these three items. It is noteworthy that all of these items reflected the business orientation of the respondent, suggesting a relationship between networking, professionalism, and business-like attitudes.

Conversely, Table 4 shows the two items addressing family oriented attitudes where significant differences

were found between the two groups. On these items, the independent group exhibited a family oriented attitude and the networked group reported a much less family oriented attitude.

Table 4

Chi-Square, and Significance for Factors with Significant Differences Between Groups in the Attitudes Towards Family Section

Number	Variable	Chi-Square	P
25.	Licensing and registration	5.42	< .05
39.	Verbal contracts	6.73	< .01

Among licensed networked providers, only 9 (30%) agreed that licensure was needed for respect. Twenty-one (70%) felt licensure was necessary, but those same respondents did not feel they received any support from licensure authorities. Nineteen (63%) of the unlicensed independent providers felt that licensure was unnecessary and did not feel they would receive any more respect as a result of being licensed. This suggested that the independent group had higher expectations for the benefits of licensing compared with the networked group.

The networked group had a more formal relationship with their clients, including written contracts. The positive finding on verbal contracts for independent providers suggested that the independent group accepted a more casual, less business-like relationship with their clients.

Training

Chi-Square analysis revealed no statistically significant relationship between level of education and job satisfaction. However, there was a statistically significant difference ($p < .000$) in the educational level of the two groups (see Table 5).

Table 5

Means, Standard Deviations, T Value, and Significance for Factors with Significant Differences Between Groups in the Job Satisfaction Section

Number	Variable	Mean*	S.D.	t	P
42.	Years of Education				
	Group 1	12.97	1.22		
	Group 2	15.03	1.90	-5.01	< .000

* Based on actual years of education reported by the respondents.

The networked group had a mean of 12.97 years of training, while Group 2 had a mean of 15.03 years. The

proposition by Jorde-Bloom (1988) that the level of education is positively correlated to commitment and subsequently to job satisfaction was supported by the above data, even though no difference in satisfaction was found. Furthermore, the networked group, which attended monthly training meetings with their support group, could be said to have up to 5.5 additional years of training, for a potential total of 17.4 years of education and training. The independent group, with a mean of 15.0 yrs of education, had 3.9 years of experience without any additional training. This resulted in a total of 15.0 years of education and training for the independent group, 2.4 years less that the networked group. Assuming a relationship between job satisfaction and educational levels, some factor must be operating to explain the similar levels of job satisfaction between the two groups, which exhibit significant differences in educational level. This factor could be the years of experience which include network training experienced by the networked group. It should also be reiterated here that the majority of the independent group was still in its first year on the job, and might not have reached isolation and dissatisfaction levels associated with burnout.

In Nelson's study (1990), it was found that the focus on family day care providers should be on increasing

education and training, since providers were shaping the physical, emotional, and intellectual development of the children in their care, and intuition and experience may not have been a sufficient base on which to build a program. In support of Nelson's conclusions, there was no significant difference between the groups concerning the need for training. More significantly, 51 (85%) out of 60 respondents felt there was a need for specialized training for family day care providers over and above intuition and experience alone.

Conclusion

Two hypotheses were tested in this study. The data did not support the hypothesis that family day care providers who belong to a network exhibit higher job satisfaction than those who do not belong to a network. The data did support, however, the hypothesis that family day care providers who network have more training and higher commitment to professionalism than those who do not network. This was shown in the more professional and business-like attitude exhibited by the networked group contrasted with the more family oriented attitude of the independent group. Further support was found in the low number of independent providers with more than one year of experience.

Previous studies have not addressed the distribution of experience levels. In this study, while mean data were not significantly different, Figure 1 shows that there is a marked difference in the distribution of experience levels between the two groups, with the independent group having a disproportionate number of respondents in their first year in the field. This may represent a flaw in the sample selection, or it may represent a true difference between the populations. If the latter is true, it could have far reaching implications for interpretation of past research, and design of future research, in this area.

With larger numbers of women returning to the work place and more and more government involvement in child care, family day care providers will find themselves increasingly the focus of studies to identify ways to keep quality providers in the field. One fertile area of future investigation identified by this study is the formalized government-supported networking organization as a means of improving professionalism, commitment, and job satisfaction among family day care providers.

If data could be collected to control demographic variables more tightly, perhaps through the use of matched samples taken from much larger geographic areas, better comparisons would be possible, and more support for the first hypothesis would have been found. For a more

complete understanding of the important issues regarding Family Day Care in America today, a much more comprehensive project is needed, both in size and scope.

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APPENDICES

Family Day Care
Support, Satisfaction, and Attitudes Survey

Introduction:

I am Katie Jones, a graduate student at the National Louis University College of Education in Evanston. As part of my program, I am conducting a survey of family day care providers. I got your name from (your advertisement in the paper / the Great Lakes Child Care Center / the North Shore Family Day Care Organization). I would appreciate it if you could take about ten minutes of your time to answer some questions about your feelings concerning family day care. I will not ask your name, and your responses will be completely confidential. If you would like a copy of the results of this survey, I will give you my address at the end, and you can send me your address so that I can send them to you.

Social Support:

I am going to ask you two questions concerning your support systems.

1. Do you belong to any support groups or networks?

2. Do you consider any of the following to be a source of support?

		Yes	No
a.	My relatives and family.	___	___
b.	My friends.	___	___
c.	Organized family day care support groups.	___	___
d.	Licensing or certifying authorities.	___	___
e.	Other day care providers.	___	___
f.	Parents of the children I care for.	___	___

Job Satisfaction:

I am going to read a list of factors that may influence the level of satisfaction you derive from your work in family day care. Please indicate the level of satisfaction you associate with each factor using a scale of:

4 - Very Satisfied
3 - Satisfied
2 - Dissatisfied
1 - Very Dissatisfied

3. The money I earn.
4. Working in my own home.
5. The hours I work.
6. Being with small children all day.
7. Opportunities for training.
8. Running my own small business.
9. Community services available to me as a family day care provider.
10. Behavior of the day care children.
11. Appreciation of parents for my work.
12. Opportunity to stay home with my own children.
13. Encouragement from spouse.
14. Opportunities to meet other providers.
15. My sense of accomplishment.
16. Respect from the community for the work I do.
17. Job stress.

For the next two questions, choose the most appropriate response from those that I will read.

18. How much of the time do you feel satisfied with being a family day care provider?

4 - Always 3 - Sometimes 2 - Seldom 1 - Never

19. How do you feel about changing your job?

4 - I would not change this work for another job.
3 - I am not eager to change, but would for a better job.
2 - I would like to quit and find work outside the home.
1 - I would quit if I could find anything else.

Attitudes:

Now I am going to read a series of statements with which you may agree or disagree. Please respond "Agree" or "Disagree" indicating your attitude based on your own feelings about being a family day care provider.

20. I consider myself a professional with a career in child care.

21. I consider the parents of the children I care for as members of my extended family.
22. I consider the parents of the children I care for as customers of the services I provide.

23. I treat the children I care for as though they were my own children.
24. I have the same rules for the day care children as I have for my own children.
25. I feel licensing and registration procedures are really unnecessary.
26. I feel I would get more respect as a licensed day care provider.
27. I consider myself the owner of a small business.
28. I feel I am providing an important service to my friends and neighbors.
29. My spouse considers me to be working full time (part time if you provide care 20 hours a week or less).
30. I take advantage of the tax breaks of running a small business in my home.
31. I consider part of my home as primarily a day care facility.
32. I have regularly established working hours and do not care for children outside those hours.
33. I expect my own children to treat the day care children as brothers or sisters.
34. I mind caring for the day care children on weekends.
35. I keep certain toys separate for my own children.
36. My only contact with the day care families is about day care concerns.
37. I am listed with a child care referral service.
38. I have written contracts with all the families of the children I care for in my home.
39. I have verbal arrangements with the families of the children concerning pay and working hours.
40. I see a need for specialized training for family day care providers.
41. I consider personal experience the best preparation for being a family day care provider.

Training:

42. What is the highest grade or level of education you have completed?

Demographic Information:

Finally, I would like some information about you. Please answer the following questions. If you would prefer not to answer a particular question, just say so.

43. How long have you been a family day care provider?

44. How many children, including your own, do you care for?
45. What is your age - a. Under 18
b. 18 - 35
c. 36 - 55
d. Over 55?

46. Do you belong to any professional organizations?
47. Do you share ideas or information with other family day care providers?

If you would like a copy of the results of this survey, please write me at:

Katie Jones
1541 McKinley Road
Lake Forest, IL 60045

The results should be available within the next 6 months, and I will send them to you as soon as they are available.

	NETWORKED GROUP GROUP 1					INDEPENDENT GROUP GROUP 2				
				SUPPORT SOURCES						
ITEM	n	YES	NO	MEAN	SD	n	YES	NO	MEAN	SD
2a	30	25	5	0.83	0.373	30	27	3	0.90	0.300
2b	30	27	3	0.90	0.300	30	27	3	0.90	0.300
2c	30	28	2	0.93	0.249	30	5	25	0.17	0.373
2d	30	9	21	0.30	0.458	30	2	28	0.07	0.249
2e	30	27	3	0.90	0.300	30	17	13	0.57	0.496
2f	30	24	6	0.80	0.400	30	23	7	0.77	0.423
46	30	30	0	1.00	0.000	30	1	29	0.03	0.180
47	30	30	0	1.00	0.000	30	17	13	0.57	0.496
				JOB SATISFACTION						
ITEM	n			MEAN	SD	n			MEAN	SD
				REWARDS						
3	30			2.83	0.582	30			3.07	0.680
11	30			2.93	0.727	30			2.93	0.964
13	25			3.72	0.449	29			3.28	0.826
15	30			3.53	0.618	30			3.17	0.860
16	30			2.27	0.727	30			2.23	0.844
				CONDITIONS						
4	30			3.73	0.680	30			3.77	0.423
5	30			3.07	0.629	30			3.20	0.653
6	30			3.53	0.499	30			3.37	0.605
10	30			3.13	0.562	30			3.50	0.563
17	30			2.47	0.562	30			2.40	0.554
				BENEFITS						
7	30			2.97	0.706	30			2.37	0.875
8	30			3.43	0.761	30			3.30	0.823
9	30			2.30	0.690	30			2.50	0.719
12	26			3.92	0.267	28			3.86	0.350
14	30			3.27	0.680	30			2.03	0.605
18	30			3.43	0.496	30			3.57	0.496
19	30			3.50	0.671	30			3.23	0.716

	NETWORKED GROUP GROUP 1					INDEPENDENT GROUP GROUP 2				
					ATTITUDES					
ITEM	n	AGR	DIS	MEAN	SD	n	AGR	DIS	MEAN	SD
					PROFESSIONALISM					
20	30	27	3	0.90	0.300	30	20	10	0.67	0.471
22	30	22	8	0.73	0.442	30	13	17	0.43	0.496
26	30	16	14	0.53	0.499	30	9	21	0.30	0.458
27	30	28	2	0.93	0.249	30	22	8	0.73	0.442
28	30	30	0	1.00	0.000	30	28	2	0.93	0.249
29	26	23	3	0.89	0.320	29	23	6	0.79	0.405
30	30	26	4	0.87	0.340	30	17	13	0.57	0.496
31	30	29	1	0.97	0.180	30	21	9	0.70	0.458
32	30	28	2	0.93	0.249	30	23	7	0.77	0.496
34	28	24	4	0.86	0.350	30	17	13	0.57	0.496
35	28	25	3	0.89	0.309	30	14	16	0.47	0.499
36	29	12	17	0.41	0.493	30	10	20	0.33	0.471
37	30	22	8	0.73	0.442	30	9	21	0.30	0.458
38	30	22	8	0.73	0.442	30	11	19	0.37	0.547
40	30	27	3	0.90	0.300	30	24	6	0.80	0.400
					FAMILY					
21	30	17	13	0.57	0.496	30	19	11	0.63	0.482
23	30	28	2	0.93	0.249	30	28	2	0.93	0.249
24	29	26	3	0.90	0.305	29	26	3	0.90	0.305
25	30	9	21	0.30	0.458	30	19	11	0.63	0.482
33	28	18	10	0.64	0.479	29	19	10	0.66	0.475
39	30	11	19	0.37	0.482	30	22	8	0.73	0.442
41	30	20	10	0.67	0.471	30	23	7	0.77	0.423
					DEMOGRAPHICS					
ITEM	n	YES	NO	MEAN	SD	n	YES	NO	MEAN	SD
1	30	30	0	1.00	0.000	30	0	30	0.00	0.000
42	30			12.93	1.237	30			15.10	1.938
43	30			5.57	4.477	30			4.13	3.836
44	30			7.07	3.492	30			4.70	2.597
45	30			2.47	0.499	30			2.30	0.458